

MOUTH TO MASK VENTILATION WITH SUPPLEMENTAL OXYGEN

WARNING! All ventilation skills must be practiced on a manikin intended for CPR practice (Resusci-Annie, Recording-Annie etc.). Other manikins such as intubation heads etc. are unacceptable because they may be ventilated regardless of the head/jaw position. CPR manikins realistically simulate the difficulties of airway maintenance and ventilation.

- Take appropriate Body Substance Isolation precautions.
- Instruct a helper to manually stabilize the patient's head for in-line immobilization if there is suspected cervical spinal injury.
- Connect the one-way valve to the face mask.
- Kneel beside the patient's head. Open the airway using the head-tilt/chin-lift maneuver or if suspected cervical spinal injury use the jaw-thrust maneuver.
- Insert an OPA or NPA.
- Place the face mask on the patient's face assuring that the top of the mask is over the bridge of the patient's nose and the bottom is in the groove between the lower lip and the chin.
- Maintain an upward and forward pull on the lower jaw with your fingers to keep the airway open. Maintain a proper face to mask seal using the two-handed technique.
- Take a deep breath and exhale through the open port of the on-way valve. Exhale slowly into the mask for 1 ½ to 2 seconds in duration. Watch for the patient's chest to rise accordingly.
- Remove your mouth and watch for the patient's chest to fall during exhalation. You need to allow for adequate exhalation between ventilations.
- Ventilate the patient at the proper rate.
- After 30 seconds of ventilations attach oxygen to the face mask if the mask has an oxygen port.
 - ✓ Connect the oxygen tubing to the oxygen inlet on the face mask
 - ✓ Connect the other end of the oxygen tubing to the oxygen tank/regulator
 - ✓ Turn on the oxygen tank and set the regulator to 15 LPM
- Reposition the face mask on the patient, open the airway, and maintain a proper face to mask seal using the two-handed technique as completed above.
- Continue to ventilate the patient at the proper rate.

NOTE: If oxygen is not immediately available, do not delay mouth-to-mask ventilations.